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| ALSTON & BIRD LLP BANK OF AMERICA PLAZA 101 SOUTH TRYYON STREET, SUITE 4000 CHARLOTTE, NC 28280-4000 2005 RIBERORI 0000059 10007257 EXPTESS Mail 2:1501 1400, 00 0P APPLICATION NO. FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE DUE   DAT    | 00826 74                                                                                                                                                                                                                      | 590 09/01/2005                                                                                                                          |                                         |                                                                               | papers. Each addition have its own certification                                                                  | nal paper, such as an assignmente of mailing or transmission.                       | ent or formal drawing, r                                    |
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| Express Mail   Grace R. Rippy   (Depositories)   (Sign 1504   100,00 ft   15,00 ft   15,00 ft   15,00 ft   15,00 ft   15,00 ft   11/13/2001   Barry Douglas Moor   31/49/241015   8521                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |                                                                                                                                         | 1000                                    |                                                                               | States Postal Service                                                                                             | with sufficient postage for final Stop ISSUE FEE address                            | rst class mail in an envel                                  |
| Page 1000   Page 10007257   Express Mail   Grace R. Rippy   Chepominers   Chepominer      |                                                                                                                                                                                                                               | •                                                                                                                                       |                                         |                                                                               | transmitted to the US                                                                                             | PTO (571) 273-2885, on the                                                          | date indicated below.                                       |
| ### EV521114378US  ###################################                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |                                                                                                                                         | Expr                                    | Express Mail                                                                  |                                                                                                                   |                                                                                     |                                                             |
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| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/007,257 11/13/2001 Barry Douglas Moore 31749/241015 8521  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 12/01/2005  EXAMINER ART UNIT CLASS-SUBCLAS S  TRAN, SUSAN T 1615 424-490000  Change of correspondence address or indication of "Fee Address" (37) 16/15 424-490000  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.  AASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE. Unless an assignce is identified below, no assignce data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  University of Strathclyde  University of Strathclyde  University of Strathclyde  United Kingdom  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government.  A. Payment by credit card. Form PTO-2038 is attached.  "Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government.  A. Payment by credit card. Form PTO-2038 is attached.  "Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government.  A. Payment by credit card. Form PTO-2038 is attached.  "Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government.  A. Payment by credit card. Form PTO-2038 is attached.  "The Director is hereby author | C:1504                                                                                                                                                                                                                        | 300.00 OP                                                                                                                               | •                                       |                                                                               |                                                                                                                   |                                                                                     | (Da                                                         |
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| TRAN, SUSAN T  1615  424-490000  2. For printing on the patent front page, list (I) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (3) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (3) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (3) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (4) the names of up to 3 registered patent attorneys or agents OR, alternatively, (5) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (6) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed.  3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  United Kingdom  Please check the appropriate assignee category or categories (will not be printed on the patent): IndividualX Corporation or other private group entity Government.  (a. The following fee(s) are enclosed:  XX I subset Fee  XX Publication Fee (No small entity discount permitted)  XX Advance Order - # of Copies _ 5  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  XX Advance Order - # of Copies _ 5  Deposit Account Number _ 16-0605  (enclose an extra copy of this form).                                                                                                                                                                                                                   |                                                                                                                                                                                                                               | <u> </u>                                                                                                                                |                                         |                                                                               |                                                                                                                   |                                                                                     |                                                             |
| TRAN, SUSAN T  1615  424-490000  Change of correspondence address or indication of "Fee Address" (37 FR I.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change in Entity Status (from status indicated above)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.27).  Change in Entity Status (from status indicated above)  Change in Entity Status (From Status indica    | nonprovisional                                                                                                                                                                                                                | onprovisional NO                                                                                                                        |                                         |                                                                               | \$300                                                                                                             | \$1700                                                                              | 12/01/2005                                                  |
| 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed.  **ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  **PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  University of Strathclyde  United Kingdom  Please check the appropriate assignee category or categories (will not be printed on the patent):  a. The following fee(s) are enclosed:  **AD Publication Fee (No small entity discount permitted)  **AD Advance Order - # of Copies5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EXAMINER                                                                                                                                                                                                                      |                                                                                                                                         | ART UNIT                                |                                                                               | CLASS-SUBCLAS S                                                                                                   | ]                                                                                   |                                                             |
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| Address form PTO/SB/122) attached.    "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.    ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.    A) NAME OF ASSIGNEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer |                                                                                                                                         |                                         | 1 11 the names of up to 3 registered patent attorneys -                       |                                                                                                                   |                                                                                     |                                                             |
| PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  University of Strathclyde  United Kingdom  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government.  (a. The following fee(s) are enclosed:  XX Issue Fee  XX Publication Fee (No small entity discount permitted)  XX Advance Order - # of Copies5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                               |                                                                                                                                         |                                         | (2) the name of a single firm (having as a member a 2                         |                                                                                                                   |                                                                                     |                                                             |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  University of Strathclyde  United Kingdom  Please check the appropriate assignee category or categories (will not be printed on the patent): IndividualXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |                                                                                                                                         |                                         | · 2 registered patent attorneys or agents. If no name is 3                    |                                                                                                                   |                                                                                     |                                                             |
| (A) NAME OF ASSIGNEE  University of Strathclyde  United Kingdom  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XXIII Corporation or other private group entity Governments. The following fee(s) are enclosed:  A check in the amount of the fee(s) is enclosed.  XXIIII Plublication Fee (No small entity discount permitted)  XXIIII Advance Order - # of Copies5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. ASSIGNEE NAME AND                                                                                                                                                                                                          | RESIDENCE DATA TO B                                                                                                                     | E PRINTED ON TI                         | HE PATENT (pri                                                                | nt or type)                                                                                                       |                                                                                     | •                                                           |
| University of Strathclyde  United Kingdom  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual XX Corporation or other private group entity Governments of Fee(s):  XX Issue Fee  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation or other private group entity Governments of Fee(s):  XX Issue Fee  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation or other private group entity Governments of Fee(s):  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation or other private group entity Governments or Fee(s):  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation or other private group entity Governments or Fee(s):  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation or other private group entity Governments or Fee(s):  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation or other private group entity Governments or Fee(s):  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation or other private group entity Governments or Fee(s):  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation or other private group entity Governments or Fee(s):  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation or other private group entity Governments or Fee(s):  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation or other private group entity Governments or Fee(s):  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation or other private group entity Governments or Fee(s):  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation or other private group entity Governments or Fee(s):  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation entity Governments or Fee(s):  XX A check in the amount of the fee(s) is enclosed.  Individual XX Corporation entity Gove    | DI PACE MOTE: 111                                                                                                                                                                                                             | an assignee is identified be 37 CFR 3.11. Completion                                                                                    | elow, no assignee doof this form is NOT | lata will appear o<br>a substitute for fi                                     | n the patent. If an assig<br>ling an assignment.                                                                  | nee is identified below, the c                                                      | document has been filed                                     |
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| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (A) NAME OF ASSIGNATION University of Please check the appropriate 4a. The following fee(s) are XX Issue Fee XX Publication Fee (No s                                                                                         | of Strathclyde cassignee category or category enclosed:                                                                                 | 4b.<br>. X(<br>ed) [                    | Payment of Fee(s  A check in the  Payment by cr                               | individualXX (s): amount of the fee(s) is eredit card. Form PTO-203                                               | nclosed.<br>8 is attached.                                                          |                                                             |
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